Case 19-34092 Doc 223 Filed 02/08/22 Entered 02/08/22 14:10:09 Desc Main Document Page 1 of 4

				_			
	in this information to identify your						
De	ebtor 1 Adetayo Ad	legoke					
1	ebtor 2 ouse, if filing)						
Un	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS				
1	se number 19-34092		_	Che	ck if this is:		
(If k	(nown)				An amende	•	
_						ent showing postpetiti as of the following da	
<u>O</u>	fficial Form 106l			Ī	MM / DD/ Y	YYY	
S	chedule I: Your Inc	ome					12/15
atta	ouse. If you are separated and you ach a separate sheet to this form. It 1: Describe Employment Fill in your employment	On the top of any additi					
١.	information.		Debtor 1		Debtor 2	or non-filing spous	se
	If you have more than one job, attach a separate page with	Employment status	■ Employed		☐ Emplo	oyed	
	information about additional employers.		☐ Not employed		■ Not e	mployed	
	. ,	Occupation	Technical Specialist Mana	ger			
	Include part-time, seasonal, or self-employed work.	Employer's name	Microsoft Corporation				
	Occupation may include student or homemaker, if it applies.	Employer's address					
		How long employed t	there? 2-1/2 years		_		
Pa	rt 2: Give Details About Mo	onthly Income					
	imate monthly income as of the ourse unless you are separated.	date you file this form. If	you have nothing to report for any	line, writ	e \$0 in the	space. Include your	non-filing
	ou or your non-filing spouse have n re space, attach a separate sheet to		ombine the information for all emp	oyers fo	r that perso	n on the lines below.	If you need
				For De	ebtor 1	For Debtor 2 or non-filing spouse)

Official Form 106l Schedule I: Your Income page 1

2.

3.

21,325.00

21,325.00

0.00

+\$

\$

0.00

0.00

0.00

List monthly gross wages, salary, and commissions (before all payroll

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

deductions). If not paid monthly, calculate what the monthly wage would be.

2.

3.

Debte	or 1	Adetayo Adegoke	-	(Case	number (if known)	19-	34092			
					Foi	r Debtor 1	Fo	r Debtor	2 or		
	^	Was Albana			Φ.	24.227.22		n-filing s	•		
	Cop	by line 4 here	4.		\$_	21,325.00	\$_		0.0	00	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	6,837.00	\$		0.0	00	
	5b.	Mandatory contributions for retirement plans	5b.		\$	1,708.00	\$		0.0	00	
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00	\$		0.0	00	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$		0.0	00	
	5e.	Insurance	5e.		\$	0.00	\$		0.0	00	
	5f.	Domestic support obligations	5f.		\$_	0.00	\$_		0.0		
	5g.	Union dues	5g.		\$_	0.00	\$_		0.0		
	5h.	Other deductions. Specify: Legal insurance	5h.	.+	\$_	20.00	+ \$_		0.0		
		Disability Insurance	_		\$_	51.00	\$_		0.0		
		Health Savings Account	_		\$_	384.00	\$_		0.0	00_	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	9,000.00	\$_		0.0	00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	12,325.00	\$_		0.0	00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	90		¢	0.00	¢		0.4		
	8b.	monthly net income. Interest and dividends	8a. 8b.		\$_ \$	0.00	\$_ \$		0.0		
	8c.	Family support payments that you, a non-filing spouse, or a dependent		•	Ψ_	0.00	Ψ_		0.0	JU	
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		0.4	20	
	8d.	Unemployment compensation	8d.		\$ -	0.00	Ψ_ \$		0.0		
	8e.	Social Security	8e.		\$-	0.00	\$		0.0		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:			* \$	0.00	\$_		0.0		
	8g.	Pension or retirement income	8g.		\$	0.00	\$		0.0		
	8h.	Other monthly income. Specify: Stock Income	8h.		\$		+ \$ -		0.0		
		• • • • • • • • • • • • • • • • • • • •	_	г	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	_	4,000.00	\$_		0	.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1	16,325.00 + \$_		0.00	= \$	16,3	25.00
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe			. •	•				0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						e. 12.	\$ _	16,3	25.00
13.	Dο	you expect an increase or decrease within the year after you file this form	?							bined thly ind	come
		No.	•								
	\Box	Yes. Explain:									

EIII	in this informa	ation to identify ye	our case.									
Debtor 2 (Spouse, if filing) Fill in this information to identify your case: Adetayo Adegoke							Check if this is: ■ An amended filing □ A supplement showing postpetition chapter 13 expenses as of the following date:					
	e number 19	9-34092										
Of	fficial Fo	orm 106J										
Be info	as complete ormation. If m		possible eded, atta	. If two married people a ch another sheet to this								
Par 1.	t 1: Desci	ribe Your House nt case?	hold									
	No. Go to		in a separ	ate household?								
		lo	•	al Form 106J-2, <i>Expense</i>	s for Separate House	hold of De	ebtor 2.					
2.	Do you hav	e dependents?	□ No									
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent			Dependent's relati Debtor 1 or Debtor		Depe age	Dependent's age	Does dependent live with you?				
	Do not state the dependents names.				Daughter		2 mc	onths	□ No ■ Yes			
					Son		3 years		□ No ■ Yes			
					Mother		71		□ No ■ Yes □ No			
									☐ Yes			
3.	expenses o	penses include of people other the d your depende	han $_{oldsymbol{\sqcap}}$	No Yes								
exp	imate your ex	a date after the b	our bankr	uptcy filing date unless	you are using this fo plemental <i>Schedule</i>	orm as a s	supplemen the box at	t in a Cha the top o	apter 13 case to report of the form and fill in the			
the		h assistance and		government assistance cluded it on Schedule I:				Your exp	penses			
4.		or home owners		ses for your residence. or lot.	Include first mortgage	e 4.	\$		2,607.63			
	If not include	ded in line 4:										
	4a. Real	estate taxes				4a.	\$		0.00			
		erty, homeowner's				4b.			0.00			
		e maintenance, re eowner's associat	•	upkeep expenses		4c. 4d.			300.00			
5.				oommum dues our residence, such as ho	ome equity loans	4a. 5.			150.00 0.00			

ebtor 1	Adetayo Adegoke	Case num	ber (if known)	19-34092
Utiliti	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	325.00
6b.	Water, sewer, garbage collection	6b.	\$	150.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	450.00
6d.	Other. Specify: Alarm System	6d.	\$	60.00
	and housekeeping supplies	7.	·	1,450.00
	care and children's education costs	8.	\$	1,904.83
	ning, laundry, and dry cleaning	9.	\$	290.00
		9. 10.		
	onal care products and services		·	130.00
	cal and dental expenses	11.	ъ	600.00
	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12.	\$	480.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	185.00
		14.		
	itable contributions and religious donations	14.	Φ	2,000.00
. Insur	ance. It include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	¢	120.02
	Health insurance	15a. 15b.	·	129.03
	Vehicle insurance			0.00
		15c.	·	102.33
	Other insurance. Specify:	15d.	»	0.00
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	40	¢	
Speci		16.	>	0.00
	Ilment or lease payments:	47-	•	
	Car payments for Vehicle 1	17a.	·	0.00
	Car payments for Vehicle 2	17b.	·	0.00
	Other. Specify: Vehicle lease in wife's name- 2021 Kia Telluride	17c.	·	350.00
17d.	Other. Specify:	17d.	\$	0.00
Your	payments of alimony, maintenance, and support that you did not report a	as		
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I)). 18.	· .	0.00
	r payments you make to support others who do not live with you.		\$	0.00
Speci	,	19.		
	r real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>			
20a.	Mortgages on other property	20a.	\$	0.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	r: Specify: College Tuition-work-related	21.	+\$	833.00
	use: Student Loan		+\$	525.00
Spot	use. Student Loan		-Ψ	525.00
. Calcı	ulate your monthly expenses			
22a. /	Add lines 4 through 21.		\$	13,021.82
22b. (Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	<u>.</u>	\$	- ,
	Add line 22a and 22b. The result is your monthly expenses.		\$	13,021.82
220. F	tad into 22a dria 22b. The result is your monthly expenses.		"	13,021.02
Calcu	ulate your monthly net income.			
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	16,325.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	13,021.82
				,
23c	Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	3,303.18
200.				
4. Do yo For ex	ou expect an increase or decrease in your expenses within the year after your paying for your car loan within the year or do you expect your carloan within the year or do you expect your cation to the terms of your mortgage?			ase or decrease because of
l. Do yo For ex	cample, do you expect to finish paying for your car loan within the year or do you expect yo cation to the terms of your mortgage?			ase or decrease because of